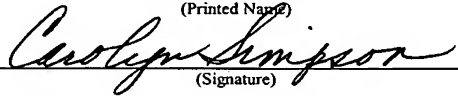


21861 U.S. PTO  
030104

Atty. Dkt. No. 040014-0192

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Scott G. Manke  
Title: TORQUE INDICATOR  
Appl. No.:  
Filing Date:  
Examiner:  
Art Unit:

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 431598426 US	03/01/04
(Express Mail Label Number)	(Date of Deposit)
Carolyn Simpson	
(Printed Name)	
	
(Signature)	

22264 U.S. PTO  
10/790422  
030104

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Scott G. Manke  
1318 Grayhawk Way  
Sun Prairie, Wisconsin 53590

Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (9 pages).
- ☒ [ X ] Informal drawings (2 sheets, Figures 1, 2, 3, 4, 5, 6, 7).
- ☒ [ X ] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	9	-	20	=	0	x	\$18.00	=	\$0.00
Claims:									
Independents	2	-	3	=	0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration						+	\$130.00	=	\$130.00
							SUBTOTAL:	=	\$900.00
[ ]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$900.00

[ X ] A check in the amount of \$900.00 to cover the filing fee is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3-1-04

By James A. Wilke

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